Medi-Cal Management Information
System and Decision Support System (MIS/DSS)

Data Enhancement Functional Specifications

for Drug Table

Phase 5

March 23, 2000

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1. Overview

This document describes the Drug Convert program (hereafter referred to as the "Drug Convert"), which creates the input files that become the DataScan Prescription Drug Table. The Drug Table is a service level table that contains data on outpatient drug utilization and medical supplies. This table is created during the Convert process by a separate Drug Data Conversion Program. This program is similar to the Claims Convert program discussed in *Data Enhancement Functional Specifications for Medical Service Tables,* included as a separate tab in the System Design.

The input for the Drug Convert program is the Drug file output by the Splitter program (see Section 2, Prerequisites/Pre-Conversion, and Attachment 1, Input Data Layout). The splitter outputs unconverted, reformatted service level records, including drugs, compound drugs, and medical supplies. This unconverted data is then fed directly into the Drug Convert, which converts the reformatted data to the standard database format. The converted drug data is then fed into the Drug Edit / Insert program which assigns Redbook® and DataScan® System specific fields to the line item detail records. The Drug Edit / Insert also inserts the complete converted data to the Drug Table.

Figure 1 gives a high-level view of the major conversion processes and helps illustrate the relationship between the processes. The shaded box represents the conversion process being discussed in this section.

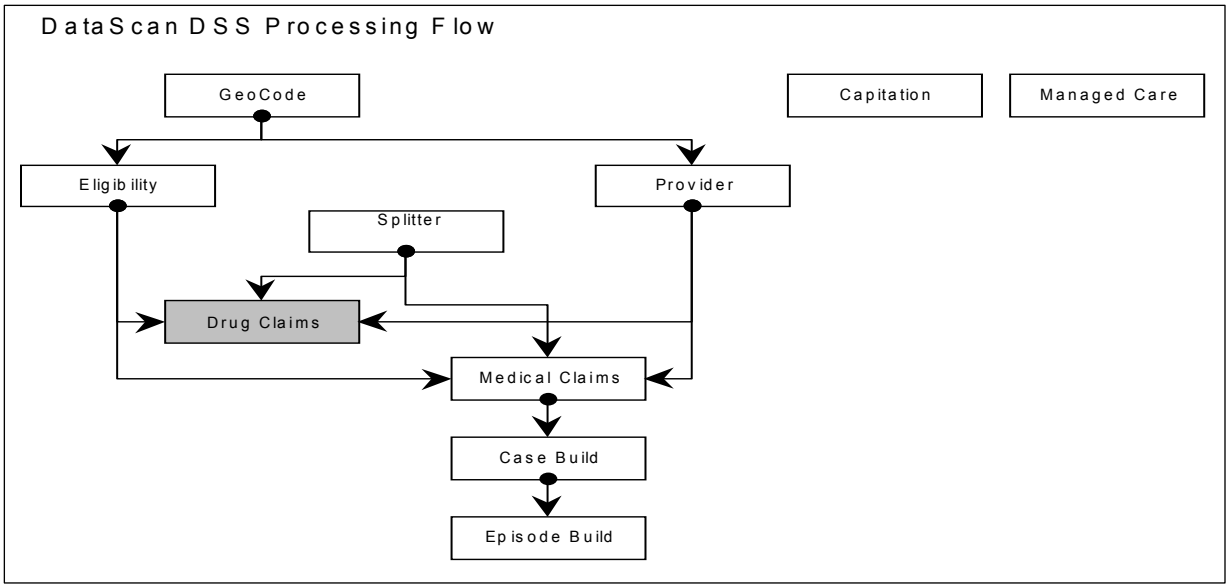

Figure 1. DataScan DSS Processing Flow

The converted drug data does not pass through the Case Build program. A separate history rolloff program (the Generic Rolloff program) rolls drug claims off to history based on paid date (ROLLOFF_DT). Unlike the other service level tables, the drug table contains any line item that was paid during the 30-month window of the database. This rolloff program will produce a History Rolloff Report with a summary of SUBCHG and NETPAY for all records that rolled off the drug table.

The Drug Convert, in addition to producing the converted drug files, also produces the Failed Operations Log (FOLOG) Report which documents failures encountered in converting raw claims data into the standard values defined in the convert specifications. An Aggregate Statistics Report will also be created, displaying information on the records dropped during the convert process.

Although the Drug table is not a DataScan core table, there are fields that are core data elements on the table. These core fields are supplemented by additional fields that are custom for Medi-Cal.

2. Prerequisites / Pre-Conversion

There are two prerequisites to the Drug Convert program. First, the Splitter Program must be run prior to the Drug Convert Program. The Splitter Program is designed to reformat the claims into a service-line detail level. The Splitter program breaks out the detail service lines as separate records and includes the header information on each record. The Splitter Logic is described in detail in the *Data Enhancement Functional Specifications for the Splitter Program,* provided in this System Design under separate tabs.

Second, The Eligibility Table and Provider Background Table must be created prior to the Drug Convert, because the Claims Convert programs use information from these external tables. Please see *Data Enhancement Functional Specifications for Provider Background/Directory,* and *Data Enhancement Functional Specifications for Eligibility, Populations, and DHS Core*, for a detailed description of the provider and eligibility conversion processes. These documents are provided in this System Design under separate tabs.

3. Indexes

The indexes for the Prescription Drug Table is as follows:

- **Clustering**

  PRODUCT, NETWORK, ELIGCNTY, EMPID

- Secondary 1

  DTROWUPD

- Secondary 2

  PGMCODE, PROVCNTY

- Secondary 3

  SVCDTYY, SVCDTMM, PHPCODE

- **Secondary 4**

  ELIGCAT, VENDORCD

- **Secondary 5**

  EPIID

- **Secondary 6**

  EMPID, MEMBERNO

4. Input Data

The input data for the Drug Convert program includes the output drug detail files from the Splitter program, the converted Provider Table and the converted Eligibility Table.

For processing efficiencies, the output from the Splitter program is further segmented into several files. These segmented drug detail files are input to the Drug convert program. The Splitter program outputs fixed-length rather than variable-length records, one per input file segment.

Note: There are several reasons for having multiple input files. By running with multiple smaller files, multiple versions of the convert program can be executed simultaneously. This allows many records to be converted in parallel, rather than waiting for one long file to be processed one record at a time. Running the convert program in parallel with multiple smaller files allows the convert process to complete more quickly, allowing the scheduling of resources during a database installation to be scheduled more effectively. The use of multiple files also reduces recovery time if there is a problem and a file must be reconverted.

The number of output files used is determined indirectly by a JCL control card, which specifies the number of output records per file. For example, if the control card specifies 5,000,000 records per Claim file, and the Splitter outputs 82,000,000 records, each of the first 16 files will have 5,000,000 records each, the 17th will have 2,000,000, and the last three will have none. If the Splitter outputs 110,000,000 records, the first 19 files will have 5,000,000 records each, and the last will have 15,000,000 (all the rest).

The layout for the input files to the Drug Convert is the same as the F35-Input File, with these exceptions:

- Each record has only one segment, so the records are fixed- rather than variable-length. This entails changing the file layout by deleting the lines in bold type in Attachment 1.
- F35-SEGMENT-COUNT contains the actual segment number rather than the total number of segments on the input record. For example, if an input record has five detail segments, there will be five output records. The first will have F35-SEGMENT-COUNT = 1, the second 2, and so on. This field is used later for the Claim and Drug tables' LINENUM field.
- The complete input file layout is included in Attachment 1.

5. Output Data

The output file(s) from the Drug Convert process is a flat file that is input into the Drug Edit/Insert process before being loaded into the DB2 Drug Table used in the DataScan application. The fields are described in detail in the Field Level Detail specification included in Attachment 3.

6. Reports

The Drug Convert Program will produce three reports: the Aggregate Statistics Report, the Failed Operations Log (FOLOG) Report, and the Unexpected Values Report. Samples for each of these reports can be found in Attachment 2.

6.1 Aggregate Statistics Report

The Aggregate Statistics Report documents all records that drop because of incomplete information or the field value did not fall within a pre-defined range.

The Aggregate Statistics report will include:

- Total number of records processed
- Totals for key financial fields

6.2 Failed Operations Log (FOLOG) Report

The FOLOG Report documents records that have not been dropped but fail while converting raw input data into the format required for DataScan. The failure may be caused by one or more input

fields that were not in the expected format (e.g., invalid data or non-numeric data in a numeric field). Please note that the FOLOG sometimes includes informational counts in addition to "failed" operations. For example, there is a FOLOG call to count the number of managed care encounters converted.

The FOLOG Report includes:

- Field name
- Operation Number
- Description of the operation that failed
- Unmapped/undefined values found for that operation
- Count of the number of records with possible errors for that operation
- Percent of Total Records
- NETPAY amount associated with each failed value
- Percent of total NETPAY associated with each failed value

The types of problems that the FOLOG report can highlight are:

- Wrong input file was converted.
- Wrong conversion program was run against the input file.
- Input file format changed.
- Unmapped fields or field values were in the input data.
- Incoming input data values were all blanks or zeros.
- Unexpected field values were present in the input data.
- Improper records were dropped.

NOTE: Refer to the Field Level Detail for more specific information on the FOLOG calls for individual fields reported on the FOLOG Report.

6.3 Unexpected Values Report

The Unexpected Values Report is very similar to the FOLOG Report with several additions and will:

- Indicate when a failed value has been confirmed by the State as an invalid value.
- List the unmapped/undefined values found for each operation by PHPCODE.

The fields on the Unexpected Values Report are a subset of the FOLOG Report and are driven by two Excel spreadsheets. The first spreadsheet is a list of FOLOG operation numbers to be included in the report. The second is a list of previously approved values to map to other/invalid for each operation number. The State has the responsibility of determining which fields (only those listed in the FOLOG Report) to include in the Unexpected Values Report.

7. Selection / Drop Criteria

All drop criteria are executed within the Splitter Program, so no drops are made specifically in the Drug Convert.

8. Process Flow / Data Enhancements

8.1 Redbook Mapping

After the Drug convert process is completed, the Core Edit/Insert program assigns additional fields to the output prior to loading the file into the Prescription Drug Table. The Core Edit/Insert program attempts to map each record to the Redbook table, by National Drug Code (NDC), in order to obtain specific information about the NDC. In some cases, the NDC may be missing or invalid and will not find a match on the Redbook table. When this occurs, the Redbook fields are set to missing and a 'missing NDC indicator' is incremented in the background processing. If this counter reaches a certain threshold, the conversion program can be set to stop execution.

For this installation, this counter will not be used and the program should complete regardless of the number of NDC misses. Medi-Cal will have a higher than normal count of missing NDC codes because the Medi-Cal program uses unique State drug codes.

The following is a list of fields produced by Redbook assignment:

- AWP
- DEACLASS
- DESIIND
- EXCEPIND
- GENERID
- GENERIND
- MAINTIND
- PRODCAT
- SINGLES
- THERCLS
- THERCODE
- THERGRP
- TOPRX
- TOPVOL
- UNITPRC

8.2 Data Format

All output date fields are in the CCYYMMDD format.

All output financial fields are in the format S9(7)V99, which include pennies.

8.3 Financial Fields

All core drug table financial fields carry pennies, so rounding will not need to occur.

The majority of the financial fields use detail service line data elements. However, for certain financial fields, only the claim level data elements are available. The claim level amounts are stored in separate input fields from the detail service level amounts.

Claim level fields will be filled only on one record per claim. These claim level amounts will be assigned on the first detail service line (identified on the database as LINENUM). Detail service level fields will be filled on all records within a claim.

Figure 2 below identifies which financial fields on the Drug Table are created from claim level amounts and which are created from detail service line level amounts.

Database Field	Claim Level	Detail Service Line Level
COPAY		X
CHG		X
COB	X	X
DEDUCT	X	
NETPAY		X
HDRPAID	**X**	
PAY*		X
SUBCHG		X
OHCAMT	X	
RPTNETMC		X

**PAY is converted using NETPAY, COB, COPAY, and DEDUCT.

Figure 2. Financial Fields to Service Line Relationships

All financial fields are moved 'as is' from the input source record equivalents with the exception of the F35-Medi-Cal-Reim-Amt conversion to the NETPAY field. The F35-Medi-Cal-Reim-Amt will move 'as is' to the NETPAY field in DataScan for records that are not identified as encounters. For encounters, identified as F35-Plan-Code '2' (managed care encounter) and '4' (COHS), the F35-Medi-Cal-Reim-Amt will be moved 'as is' to a new field RPTNETMC and the value zero will be moved to NETPAY in DataScan.

8.4 TAPEDATE Field Conversion

This date will be created during the convert process to identify each paid month of data submission. The TAPEDT will be passed to the convert program through an input control card located in the run JCL.

8.5 Mother/Baby Processing

The situation will arise in the Medi-Cal data where a claim for a baby uses the mother's unique beneficiary identification because the baby does not yet have it's own identification. Special logic will be used to identify these situations and a data element will be used to indicate when this has occurred.

The identification process is described here:

- If the age on the drug record is 0 years old, the birth date on the drug record will be compared to the birth date on the matching eligibility record. If these dates are more than 60 days apart, then it is assumed that the claim is for a newborn who is using it's mother's ID. The NEWBORN indicator is then set to 'Y'.

Additionally, when NEWBORN gets set to 'Y', the field MEMBERNO will also get set to 1. This is done in order to distinguish these babies so that Inpatient Case build can recognize them as such. This way, the newborn's services will not be included in the mothers Inpatient Case record.

9. New Installation Considerations

During each of five implementation phases of the MIS/DSS project implementation, the DataScan database will be built with the data meeting the criteria of the current 30-month window. The Splitter Convert program validates the date criteria from the F35-File before including the claim in the output detail file(s). Therefore, during an installation, the Drug Convert program and ultimately the Drug table will have only data that is within the Paid Date range for the 30-month window.

10. Update Processing Considerations

Update processing allows the 30-month window created during an installation process to be updated with more current data. The Update processes accepts one new month of claims data and rolls off the oldest month, maintaining only 30-months of Paid Claim data in the database at the conclusion of processing.

11. Maps and Validation Tables

Maps are used to validate source values before moving them to output, or to look up values for the output based on source values. Each map is sorted by the source values before the convert program is run. It is recommended that a map be sorted each time it is updated. Maps used by the Drug Convert are identified in Figure 3 below, and detailed in the Appendix to the System Design, *Reference Maps*.

Map	DataScan Field(s)	Excel Filename	Type of Mapping
MCALAGE	MCALAGE	MCALAGE.xls	Used to map the age of the eligible to Medi-Cal defined Age Groups
ELIGCAT	AIDCODE ELIGCAT	ELIGCAT.xls	Used to validate the AIDCODE being converted and to assign the appropriate ELIGCAT value based on the AIDCODE
FLGKEYDR	N/A	FLGKEDRL.xls	Used by the Unexpected Values Report – FOLOG operation numbers to be included in report
FLGAPRDR	N/A	FLGAPRDR.xls	Used by the Unexpected Values Report – values approved to map to other/invalid
HFPANUM	HFPANUM	HFPA.xls	Used to assign a HFPANUM from the converted PROVZIP
PLACDRUG	PLACE	PLACDRUG.xls	Used to assign the MEDSTAT Place of Service value from DHS Place of Service
NETPROD	PHPCODE	NETPROD.xls	Used to validate that a defined PHPCODE is being converted.

Figure 3. Maps used by the Drug Convert

12. Tagging

Some data elements are not available on the input file and will need to be 'tagged' from other sources. An input record will be tagged only once to each table and all relevant information that is needed, i.e. all fields that need to be obtained through tagging, will be retrieved during that tag.

The details for tagging are described below.

The fields that will need to be tagged are as follows:

Field	File / Table	Tag Rules
BIRTHDT	Eligibility Table	If the Claim is not for a NEWBORN, tag from Eligibility or set to missing if no Elig Match is found. Use the F35-Birth-Date if it is a NEWBORN claim.
CASENUM	Eligibility Table	Tag from Eligibility or set to missing if no Elig Match is found, because the Eligibility is more analytically valuable than the claim record.
ELIGSTAT	Eligibility Table	Tag from Eligibility or set to missing if no Elig Match is found, this field is not available on the claim record.
ETHNCTY	Eligibility Table	Tag from Eligibility or set to missing if no Elig Match is found, because the Eligibility is more analytically valuable than the claim record.
EMPZIP	Eligibility Table	Tag from Eligibility, or set to missing if no Elig Match is found; this field is not available on the claim record.
LANGUAGE	Eligibility Table	Tag from Eligibility, or set to missing if no Elig Match is found; this field is not available on the claim record.
LATCODE	Provider File	Derived from Billing Provider Information.
LONGCODE	Provider File	Derived from Billing Provider Information.
MEDPHP	Eligibility Table	This is the Medical PHPCODE found in the Eligibility Table, it is tagged from Eligibility, or set to missing if no Elig Match is found.

Field	File / Table	Tag Rules
NETWORK	Eligibility Table	Tag from Eligibility, or set to missing if no Elig Match is found; the Eligibility is more analytically valuable than the claim record.
NEWBORN	Eligibility Table	NEWBORN is determined when the f35-Birth-Date is more than 60 days different from the matching Eligibility BIRTHDT. When NEWBORN is 'yes', BIRTHDT and SEX are set to equal the f35 values.
ORDPHYS	Provider File	To determine the unique MEDSTAT Provider ID For F35-PRESC-REFR-PROV-NUM
PRODUCT	Eligibility Table	Tag from Eligibility or set to missing if no Elig Match is found; the Eligibility is more analytically valuable than the claim record.
PROVID	Provider File	Tagged from the Provider Background table in order to allow aggregation of medical services by provider/pharmacy.
PROVSPEC	Provider File	Specialty of the prescribing provider is only available on the Provider Background Table.
PROVZIPB	Provider File	Present only on the Provider Background Table.
RESCNTY	Eligibility Table	This is the County of Residence for the eligible and is only available on the Eligibility Table. Tag from Eligibility, or set to missing if no Elig Match is found.
SEX	Eligibility	If the Claim is not for a NEWBORN, tag from Eligibility, or set to missing if no Elig Match is found. If the Claim is for a NEWBORN, the birthdate on the claim reflects the child's date of birth. Therefore, set SEX = F35-BIRTH-DATE.
SSNMEDS	Eligibility	Tag from Eligibility, or set to missing if no Elig Match is found; the Eligibility is more analytically valuable than the claim record.

Figure 4. Fields Tagged in the Drug Convert

12.1 Eligibility Tagging

Tagging to the Eligibility Table will always be keyed first to a match on F35-CIN and the month and year of service (SVCDTMM and SVCDTYY) from the drug record to the EMPID and enrollment date (ENROLLDT), which is in CCYYMMDD format, found on the Partitioned Eligibility Table. These records must also contain an APPLIND of 'Y' or 'N'. When a match is found, the field RELMO is identified from the Partitioned Eligibility Table and used with the EMPID and ENROLLDT to get to the correct record on the Eligibility Table. (Note: The Partitioned Eligibility Table is used to maximize the efficiency of access to the Eligibility Table. The Partitioned Eligibility Table is a table of 34 months partitioned by relative month, RELMO. This table represents the database 30 month window plus 4 overlap months used to facilitate the rolloff during the update process) Note: See *Data Enhancement Functional Specifications for Eligibility, Populations, and DHS Core,* provided in this System Design under a separate tab, for more information on the Eligibility Table.

12.2 Provider Tagging

Tagging to the Provider Background File is accomplished by attempting to match on various Provider fields, in a specified order, until successful. Once a match is achieved, further attempts are not made and specified fields are copied from the Provider record to the drug record.

12.2.1 Tag for Billing Provider Information

The Drug Convert/Edit process tags to the Provider Background Table to retrieve Billing Provider information and upon a successful match, copies the following fields from the Provider record to the Drug record: PROVID, LATCODE, LONGCODE and PROVZIPB. If none of the attempted matches are successful, the F35-PROVIDER-NUMBER, with a hyphen inserted in front, is copied to the drug PROVID; the hyphen is added to easily identify that the Provider tag was not successful. If the F35-PROVIDER-NUMBER contains all zeros, nines, spaces or is a null value, tagging is not attempted and spaces are moved to PROVID.

For drug claims, the tag for billing provider (usually the pharmacy) attempts to match on the following criteria are made in sequential order:

- F35-PROVIDER-NUMBER equals Provider MCALID
- F35-PROVIDER-NUMBER equals Provider PROVLIC
- F35-PROVIDER-NUMBER equals Provider PROVLICU
- F35-PROVIDER-NUMBER equals Provider PROVTAX
- F35-PROVIDER-NUMBER is numeric and F35-PROVIDER-NUMBER equals the Provider PROVSSN

- Medi-Cal program code is Managed Care (PGMCODE = 2 or 4) F35-PROVIDER-NUMBER equals Provider PROVPLAN

12.2.2 Tag for Rendering Provider Information

The Drug Convert tags to the Provider table to retrieve Rendering Provider information and upon a successful match, copies the following fields from the Provider record to the Drug record: PROVID (moved from the Background Table to the ORDPHYS field on the Drug Table) and PROVSPEC. If none of the attempted matches are successful, the F35-PRESC-REF-PROV-NUM, with a hyphen inserted in front, is copied to the drug ORDPHYS; the hyphen is added to easily identify that the Provider tag was not successful. If the F35-PRESC-REF-PROV-NUM contains all zeros, nines, spaces or is a null value, tagging is not attempted and spaces are moved to ORDPHYS.

The tag for Rendering Physician attempts to match on the following criteria are made in sequential order:

- F35-PRESC-REF-PROV-NUM equals Provider MCALID
- F35-PRESC-REF-PROV-NUM equals Provider PROVLIC
- F35-PRESC-REF-PROV-NUM equals Provider PROVLICU
- F35-PRESC-REF-PROV-NUM equals Provider PROVTAX
- F35-PRESC-REF-PROV-NUM is numeric and F35-PROVIDER-NUMBER equals the Provider PROVSSN
- Medi-Cal program code is Managed Care (PGMCODE = 2 or 4) and F35-PRESC-REF-PROV-NUM equals Provider PROVPLAN

13. Summary of Document Changes

Date	Author	Phase	IRs	Description of Changes
3/15/00	**T. Poyner**	**5**	**1474**	**On page 4, removed 'Episode' from the sentence "The converted drug data does not pass through the Case Build program.", because drug data is included in Episodes beginning in Phase 5.**
3/15/00	**T. Poyner**	**5**	**1221**	**Updated the index section to reflect how the indexes changed in Phase 4 (documentation was not up-to-date).**
1/29/00	**L. Richardson**	**5**	**1530**	**In section 8.3, added HDRPAID to the table of financial fields.**
11/1/99	T. Poyner	5		Changes made for Phase 5 Conditional Approval.
8/20/99	L. Richardson	5	823	Implementation of Redbook; added new Redbook fields, and deleted TOPDOLL.
8/20/99	L. Richardson	5	1237	New Attachment 1 – represents the newest F35-File Layout
8/20/99	L. Richardson	5	1052	Added new field RESCNTY, will always be tagged from Elig.
8/20/99	L. Richardson	5	1247	Changes made to the Eligibility Tagging Rules to always tag the common fields, and added MEDPHP.
1/20/99	L. Richardson	4	739	Converted the document to the new format for functional specs, adding the following information and sections: 4-Inputs, 5-Outputs, 6-Reports, 7 Selection/Drop Criteria. Added Unexpected Values maps to the mapping table
1/10/99	L. Richardson	4	739	Removed Missing Rules and Standard Conversion Rules to conform to the new Functional Spec format.
1/8/99	K. Key	4	1162	Re-wrote and clarified the Provider Tagging section.

Date	Author	Phase	IRs	Description of Changes
				Moved statement about Eligibility and Provider table creation precedents from the Tagging section to the Prerequisites section.
11/15/98	L. Richardson	3	N/A	Indicated that the database window could be made more current that the original dates know during design; added an indication that '-' represents the null value for this table; updated the eligibility tagging logic to address the use of the partitioned eligibility table; added PLANTYP as a field for the NETPROD map; and added THERGRP as a field used by HEDIS reporting.
6/9/98	L. Richardson	3	N/A	Clarified the Medi-Span tagging logic to improve the discussion of DRUGCODE and missing NDC codes
6/9/98	L. Richardson	3	1001	Removed the sentence from the TAPEDT paragraph that indicated this field was MMDD format. The field is modified with IR 1001 to be the same date format as all other dates referenced in this document (YYCC-MM-DD)
6/8/98	J. Mulcahy	3		Revisions to reference the new splitter and drop logic background documents
7/30/97	J. Dittman			New Document.

Attachment 1. RF-O-35 Input File Layout

The output of the Splitter program, which serves as the primary input to the Drug Convert, is listed below.

```
*  RFF035 ==> RF-F-035 FILE INCLUDE MEMBER.                    *
      *---------------------------------------------------------------
      *  REV  07  07/21/99  LEVEL 08  PHIL TREINEN                  *
      *     ADDED 5 TOOTH SURFACE FIELDS REDUCED FILLER AT END TO 5  *
      *     :PFX:-TOOTH-SURFACE-1 THRU -5  PIC X(01).                *
      *---------------------------------------------------------------
      *  REV  06  04/05/99  LEVEL 07  PHIL TREINEN                  *
      *     :PFX:-ADMISSION-DATE           :PFX:-DISCHARGE-DATE      *
      *     :PFX:-CHECK-DATE               :PFX:-SURGERY-DATE        *
      *     :PFX:-HDR-FROM-DATE-OF-SERVICE :PFX:-ADJUDICATION-DATE   *
      *     :PFX:-HDR-TO-DATE-OF-SERVICE                             *
      *     :PFX:-DET-FROM-DATE-OF-SERVICE                           *
      *     :PFX:-DET-TO-DATE-OF-SERVICE                             *
      *    ALL CHANGED FROM S9(6) COMP-3 TO S9(8) COMP(8)            *
      *    FROM YYMMDD FORMAT TO CCYYMMDD FORMAT                     *
      *     :PFX:-BIRTHDATE CHANGED FROM PIC 9(7) TO PIC 9(8)        *
      *    FROM CYYMMDD FORMAT TO CCYYMMDD FORMAT                    *
      *     :PFX:-FI-PROVIDER-TYPE         :PFX:-CATEGORY-OF-SERVICE *
      *      CHANGED FROM PIC X(2) TO X(3)                           *
      *  :PFX:-UNITS CHANGED FROM S9(5) COMP-3 TO S9(7)V9(3) COMP-3  *
      *---------------------------------------------------------------
      *  REV  05  01/09/96  LEVEL 06  KELLEY KLEMIN                 *
      *     :PFX:-LABEL-TYPE IN DETAIL POSITION 37 HAS BEEN RENAMED  *
      *     TO :PFX:-EPSDT-SERVICE-IND EFFECTIVE FEBRUARY 1996 MOP.  *
      *---------------------------------------------------------------
      *  REV  04  05/24/95  LEVEL 05  KIM MAUN-PANNELL              *
      *     ADDED ANOTHER REDEFINES ON :PFX:-BIRTHDATE FOR THE MEDS  *
      *     AGE CHECK, WHICH REQUIRES A 1 OR 2 YEAR PLUS OR MINUS    *
      *     CHECK USING THE CENTURY AND THE YEARS.                   *
      *---------------------------------------------------------------
      *  REV  03  08/22/94  LEVEL 04  KELLEY KLEMIN                 *
      *     AS A RESULT OF SDN 4002 AND ENHANCEMENTS 17 & 18, WHICH  *
      *     WERE EFFECTIVE WITH THE NOVEMBER 1994 MONTH OF PAYMENT,  *
```

```
*     ADDED TWO DATA ELEMENTS TO THE END OF THE HEADER:         *
*     :PFX:-CLAIM-FORM-INDICATOR AND :PFX:-ADMIT-SOURCE.        *
*     ALSO MADE SEVERAL OTHER CHANGES TO FACILITATE THE USE     *
*     OF SEVERAL FIELDS.                                        *
*-----------------------------------------------------------------
*  REV  02  08/11/94  LEVEL 03  KIM MAUN-PANNELL                *
*     DATA ELEMENT :PFX:-PLAN-CODE GOT TWO NEW 88 LEVELS AND    *
*     LOST ONE.  THE OLD MIO 88 LEVEL WENT AWAY.  THE NEW ONES  *
*     FOR PLAN CODES 1 AND 2 WERE ADDED.                        *
*-----------------------------------------------------------------
*  REV  01  05/09/94  LEVEL 02  KELLEY KLEMIN                   *
*     DATA ELEMENT :PFX:-MEDICARE-PAID-AMT-CAL WAS CHANGED TO   *
*     :PFX:-DET-OTHER-COVERAGE-AMOUNT PER MCSS REQUEST. THE     *
*     PICTURE DID NOT CHANGE, JUST THE DATA ELEMENT NAME.       *
*     THE OLD NAME WAS RETAINED AS A REDEFINES.  DIFFERENT      *
*     BREAKDOWNS OF THE PROVIDER NUMBER, DIAGNOSIS AND          *
*     ACCOMMODATION CODE WERE ADDED.                            *
*-----------------------------------------------------------------
*  REV NEW  01/12/94  LEVEL 01  KELLEY KLEMIN                   *
*     INCLUDE MEMBER CREATED FOR RF-F-035 FILE.  THIS INCLUDE   *
*     IS GOOD FOR 35 FILES CREATED ON OR AFTER MAR 1994 MONTH   *
*     OF PAYMENT, THE EFFECTIVE DATE OF ENHANCEMENTS 19 & 49    *
*     AND SDN 3048, WHICH CHANGED THE 35 FILE LAYOUT.           *
*-----------------------------------------------------------------
* REVISED 2/20/98  THIS IS A FIXED LENGTH VERION OF THE STANDARD
* RF35 FILE LAYOUT.  THIS VERSION HAS 1 HEADER AND 1 DETAIL AND
* HAS THE VARYING REMOVED.  OTHERWISE IT IS AN EXACT DUPLICATE
* OF THE VARIABLE VERSION.
*****************************************************************
 01  :PFX:-PAID-CLAIM-RECORD.

     05  :PFX:-HEADER.
         10  :PFX:-RECORD-ID             PIC S9(03)  COMP-3.
         10  :PFX:-SEGMENT-CNT           PIC S9(04)  COMP.
             88  :PFX:-VALID-SEGMENT-CNT     VALUES +0 THRU +99.
         10  :PFX:-PLAN-CODE             PIC X(01).
             88  :PFX:-DELTA-PLAN-CODE       VALUE '0'.
             88  :PFX:-DDSW-PCSP-PLAN-CODE   VALUE '1'.
             88  :PFX:-GMC-PLAN-CODE         VALUE '2'.
             88  :PFX:-RHF-PLAN-CODE         VALUE '3'.
             88  :PFX:-HEALTH-INIT-PLAN-CODE VALUE '4'.
             88  :PFX:-EPSDT-PLAN-CODE       VALUE '5'.
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    88  :PFX:-DDS-PLAN-CODE          VALUE '6'.
    88  :PFX:-SD-MC-PLAN-CODE        VALUE '8'.
    88  :PFX:-EDS-PLAN-CODE          VALUE '9'.
    88  :PFX:-CSC-PLAN-CODE          VALUE '9'.
10  :PFX:-PLAN-CODE-N REDEFINES
    :PFX:-PLAN-CODE              PIC 9(01).
10  :PFX:-CLAIM-TYPE             PIC X(01).
    88  :PFX:-VALID-CLAIM-TYPE       VALUE '1' THRU '6'.
    88  :PFX:-OUTPATIENT-CLAIM       VALUE '1'.
    88  :PFX:-INPATIENT-CLAIM        VALUE '2'.
    88  :PFX:-DRUG-CLAIM             VALUE '3'.
    88  :PFX:-MEDICAL-CLAIM          VALUE '4'.
    88  :PFX:-DENTAL-CLAIM           VALUE '5'.
    88  :PFX:-MEDI-SCREEN-CLAIM      VALUE '6'.
10  :PFX:-CLAIM-TYPE-N REDEFINES
    :PFX:-CLAIM-TYPE             PIC 9(01).
10  :PFX:-ICN                    PIC S9(13)  COMP-3.
10  :PFX:-BENE-ID.
    15  :PFX:-BID-COUNTY.
        20  :PFX:-BID-CNTY       PIC 9(02).
    15  :PFX:-BID-AID-CODE.
        20  :PFX:-BID-TENS-AID   PIC X(01).
        20  :PFX:-BID-UNITS-AID PIC X(01).
    15  :PFX:-BID-CASE-FBU-PERSON.
        20  :PFX:-BID-CASE-NUMBER PIC X(07).
        20  :PFX:-BID-FBU        PIC X(01).
        20  :PFX:-BID-PERSON-NUMBER
                                  PIC X(02).
    15  FILLER  REDEFINES
        :PFX:-BID-CASE-FBU-PERSON.
        20  :PFX:-BID-OTHER-ID-IDENTIFIER
                                  PIC X(01).
            88  :PFX:-BID-OTHER-ID-VALUES
                                      VALUES '9' 'M' 'C'.
            88  :PFX:-BID-OTHER-ID-SSN
                                      VALUE '9'.
            88  :PFX:-BID-OTHER-ID-MEDS-ID
                                      VALUE 'M'.
            88  :PFX:-BID-OTHER-ID-CIN
                                      VALUE 'C'.
        20  :PFX:-BID-OTHER-ID-OR-MEDS-ID
                                  PIC X(09).
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           10  :PFX:-BENE-NAME             PIC X(15).
           10  :PFX:-BENE-SEX              PIC X(01).
               88  :PFX:-SEX-MALE              VALUE 'M' '1'.
               88  :PFX:-SEX-FEMALE            VALUE 'F' '2'.
               88  :PFX:-SEX-UNKNOWN           VALUE ' '.
           10  :PFX:-BENE-RACE             PIC X(01).
           10  :PFX:-BENE-HIC              PIC X(12).
           10  :PFX:-PROVIDER-ZIP-CODE.
               15  :PFX:-PROVIDER-ZIP-5    PIC X(05).
               15  :PFX:-PROVIDER-ZIP-4    PIC X(04).
           10  :PFX:-PROVIDER-NUMBER.
               15  :PFX:-PROVIDER-NUMBER-FIRST-3
                                           PIC X(03).
               15  :PFX:-PROVIDER-NUMBER-LAST-6.
                   20  :PFX:-PROVIDER-NUMBER-4-TO-7
                                           PIC X(04).
                   20  :PFX:-PROVIDER-NUMBER-8-TO-9
                                           PIC X(02).
           10  :PFX:-REIMBURSEMENT-RATE    PIC 9(03).
           10  :PFX:-PATIENT-LIABILITY     PIC S9(7)V9(2)  COMP-3.
           10  :PFX:-PROVIDER-COUNTY.
               15  :PFX:-PROVIDER-CNTY     PIC 9(02).
           10  :PFX:-PROVIDER-SPECIALTY    PIC X(02).
           10  :PFX:-VENDOR-CODE.
               15  :PFX:-PROVIDER-TYPE     PIC X(02).
           10  :PFX:-VENDOR-CODE-N REDEFINES
               :PFX:-VENDOR-CODE           PIC 9(02).
               88  :PFX:-VALID-VENDOR-CODE     VALUES 01 THRU 99.
           10  FILLER                      PIC X(01).
           10  :PFX:-DISCHARGE-CODE        PIC X(01).
           10  :PFX:-OFFSET-INDICATOR      PIC X(01).
           10  :PFX:-SURGERY-CODE          PIC X(01).
               88  :PFX:-SURGERY               VALUE 'S'.
           10  :PFX:-MEDICARE-INDICATOR    PIC X(01).
               88  :PFX:-MEDICARE-IND-1        VALUE '1'.
           10  :PFX:-ADMISSION-DATE        PIC S9(8)   COMP-3.
      ***              DATE IS IN CCYYMMDD FORMAT.
           10  :PFX:-DISCHARGE-DATE        PIC S9(8)   COMP-3.
      ***              DATE IS IN CCYYMMDD FORMAT.
           10  :PFX:-CHECK-DATE            PIC S9(8)   COMP-3.
      ***              CHECK DATE IS THE MONTH OF PAYMENT (MOP).
      ***              DATE IS IN CCYYMMDD FORMAT.
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           10  :PFX:-PRIMARY-DIAGNOSIS.
               15  :PFX:-PRIMARY-DIAGNOSIS-1-4.
                   20  :PFX:-PRIMARY-DIAGNOSIS-1-3.
                       25  :PFX:-PRIMARY-DIAG-1
                                              PIC X(01).
                       25  :PFX:-PRIMARY-DIAG-2
                                              PIC X(01).
                       25  :PFX:-PRIMARY-DIAG-3
                                              PIC X(01).
                   20  :PFX:-PRIMARY-DIAG-4 PIC X(01).
               15  :PFX:-PRIMARY-DIAG-5     PIC X(01).
           10  :PFX:-CO-INSURANCE-AMOUNT    PIC S9(7)V9(2)  COMP-3.
           10  :PFX:-HDR-MEDI-CAL-AMOUNT-BILLED
                                             PIC S9(7)V9(2)  COMP-3.
           10  :PFX:-HDR-MEDI-CAL-AMOUNT-PAID
                                             PIC S9(7)V9(2)  COMP-3.
           10  :PFX:-FAMILY-PLANNING-CLAIM PIC X(01).
           10  :PFX:-FAMILY-PLANNING-SYSTEM PIC X(01).
           10  :PFX:-ADJUSTMENT-INDICATOR  PIC X(01).
               88  :PFX:-NEGATIVE-ADJUSTMENT   VALUES '2' '3' '5'.
           10  :PFX:-DAYS-STAY              PIC S9(3)   COMP-3.
               88  :PFX:-DAYS-STAY-1THRU60     VALUES +1 THRU +60.
           10  :PFX:-OTHER-COVERAGE-AMOUNT PIC S9(7)V9(2)  COMP-3.
           10  :PFX:-ADJUSTMENT-ICN         PIC S9(13)  COMP-3.
           10  :PFX:-HDR-FROM-DATE-OF-SERVICE
                                             PIC S9(8)   COMP-3.
***                FROM DATE IS THE MONTH OF SERVICE (MOS).
***                DATE IS IN CCYYMMDD FORMAT.
           10  :PFX:-HDR-TO-DATE-OF-SERVICE PIC S9(8)  COMP-3.
***                DATE IS IN CCYYMMDD FORMAT.
           10  FILLER                       PIC X(04).
           10  :PFX:-OTHER-COVERAGE-INDICATOR
                                             PIC X(01).
           10  :PFX:-SSN-OR-MEDS-ID.
               15  :PFX:-SSN-OR-MEDS-ID-1  PIC X(01).
                   88  :PFX:-PSEUDO-MEDS-ID-START
                                                 VALUES '8' '9'.
               15  :PFX:-SSN-OR-MEDS-ID-2-8 PIC X(07).
               15  :PFX:-SSN-OR-MEDS-ID-9  PIC X(01).
                   88  :PFX:-PSEUDO-MEDS-ID-END VALUE 'P'.
           10  :PFX:-BIRTHDATE.
               15  :PFX:-BIRTH-CENTURY-YEAR-MONTH.
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                20  :PFX:-BIRTH-CENTURY PIC 9(02).
                20  :PFX:-BIRTH-YEAR-MONTH.
                    25  :PFX:-BIRTH-YEAR PIC 9(02).
                    25  :PFX:-BIRTH-MONTH PIC 9(02).
            15  :PFX:-BIRTH-DAY         PIC 9(02).
        10  FILLER  REDEFINES
            :PFX:-BIRTHDATE.
            15  FILLER                  PIC X(02).
            15  :PFX:-BIRTHDATE-YYMMDD.
                20  :PFX:-BIRTHDATE-YY  PIC X(02).
                20  :PFX:-BIRTHDATE-MM  PIC X(02).
                20  :PFX:-BIRTHDATE-DD  PIC X(02).
        10  FILLER  REDEFINES
            :PFX:-BIRTHDATE.
            15  :PFX:-BIRTHDATE-YYY     PIC X(04).
            15  FILLER                  PIC X(04).
        10  FILLER                      PIC X(06).
        10  :PFX:-CCS                   PIC X(01).
        10  :PFX:-PROVIDER-NAME         PIC X(28).
        10  :PFX:-MINOR-CONSENT-SERVICE PIC X(02).
        10  :PFX:-RESTRICTED-SERVICE    PIC X(02).
        10  :PFX:-FI-CLAIM-TYPE         PIC X(02).
        10  :PFX:-PHP-CODE              PIC X(03).
        10  :PFX:-FI-PROVIDER-TYPE      PIC X(03).
        10  :PFX:-CATEGORY-OF-SERVICE   PIC X(03).
        10  :PFX:-SECONDARY-DIAGNOSIS.
            15  :PFX:-SECONDARY-DIAGNOSIS-1-4.
                20  :PFX:-SECONDARY-DIAGNOSIS-1-3.
                    25  :PFX:-SECONDARY-DIAG-1
                                         PIC X(01).
                    25  :PFX:-SECONDARY-DIAG-2
                                         PIC X(01).
                    25  :PFX:-SECONDARY-DIAG-3
                                         PIC X(01).
                20  :PFX:-SECONDARY-DIAG-4
                                         PIC X(01).
            15  :PFX:-SECONDARY-DIAG-5  PIC X(01).
        10  :PFX:-EMERGENCY-IND         PIC X(01).
            88  :PFX:-EMERGENCY-CLAIM       VALUE 'Y'.
        10  :PFX:-ADJUDICATION-DATE     PIC S9(8)   COMP-3.
***             DATE IS IN CCYYMMDD FORMAT.
        10  :PFX:-ADMIT-TYPE            PIC X(01).
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           10  :PFX:-PATIENT-STATUS        PIC X(02).
           10  :PFX:-PRIMARY-SURGERY-CODE  PIC X(05).
           10  :PFX:-SECONDARY-SURGERY-CODE PIC X(05).
           10  :PFX:-SURGERY-DATE          PIC S9(8)   COMP-3.
***                DATE IS IN CCYYMMDD FORMAT.
           10  :PFX:-LTC-SOC-IND           PIC X(01).
               88  :PFX:-LTC-SOC               VALUE 'Y'.
           10  :PFX:-CLAIM-FORM-INDICATOR  PIC X(01).
               88  :PFX:-CLAIM-FORM-UB-92      VALUE 'U'.
           10  :PFX:-ADMIT-SOURCE          PIC X(01).
               88  :PFX:-ADMIT-TRANSFER        VALUES '4' '5' '6'.
               88  :PFX:-ADMIT-EMERGENCY-TRANSFER
                                               VALUE '4'.
               88  :PFX:-ADMIT-ELECTIVE-TRANSFER VALUE '5'.
               88  :PFX:-ADMIT-DELIVERY-TRANSFER VALUE '6'.
           10  :PFX:-CIN                   PIC X(09).
           10  FILLER                      PIC X(19).

       05  :PFX:-CLAIM-DETAILS.
           10  :PFX:-DETAIL-SEGMENT.
               15  :PFX:-DET-MEDI-CAL-AMOUNT-BILLED
                                           PIC S9(7)V9(2)  COMP-3.
               15  :PFX:-DET-MEDI-CAL-AMOUNT-PAID
                                           PIC S9(7)V9(2)  COMP-3.
               15  :PFX:-MEDICARE-AMOUNT-BILLED
                                           PIC S9(7)V9(2)  COMP-3.
               15  :PFX:-MEDICARE-AMOUNT-PAID
                                           PIC S9(7)V9(2)  COMP-3.
               15  :PFX:-DEDUCTION-CODE    PIC X(01).
               15  :PFX:-DEDUCTION-AMOUNT  PIC S9(7)V9(2)  COMP-3.
               15  :PFX:-DET-FROM-DATE-OF-SERVICE
                                           PIC S9(8)       COMP-3.
***                DATE IS IN CCYYMMDD FORMAT.
               15  :PFX:-DET-TO-DATE-OF-SERVICE
                                           PIC S9(8)   COMP-3.
***                DATE IS IN CCYYMMDD FORMAT.
               15  :PFX:-PCCM-IND          PIC X(01).
               15  :PFX:-OHC-CODE          PIC X(01).
               15  :PFX:-EPSDT-SERVICE-IND PIC X(01).
               15  :PFX:-TAR               PIC X(01).
               15  :PFX:-MIO-POS           PIC X(01).
               15  :PFX:-TOS               PIC X(01).
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15  :PFX:-PROCEDURE-AREA.
    20  :PFX:-PROC-CODE-PREFIX
                            PIC X(06).
    20  :PFX:-PROCEDURE-CODE.
        25  :PFX:-PROC-CODE-FIRST-4
                            PIC X(04).
        25  :PFX:-PROC-CODE-LAST-1
                            PIC X(01).
15  :PFX:-NDC-UPC-HRI-CODE REDEFINES
    :PFX:-PROCEDURE-AREA.
    20  :PFX:-NDC-UPC-HRI-LABELER
                            PIC X(05).
    20  :PFX:-NDC-UPC-HRI-PRODUCT
                            PIC X(04).
    20  :PFX:-NDC-UPC-HRI-PACKAGE
                            PIC X(02).
15  FILLER  REDEFINES
    :PFX:-PROCEDURE-AREA.
    20  :PFX:-MEDI-CAL-CODE-PREFIX
                            PIC X(04).
        88  :PFX:-MEDI-CAL-DRUG VALUE LOW-VALUES.
    20  :PFX:-MEDI-CAL-DRUG-AREA.
        25  :PFX:-MEDI-CAL-DRUG-CODE.
            30  :PFX:-MEDI-CAL-DRUG-CD
                            PIC X(04).
            30  :PFX:-MEDI-CAL-DRUG-STR
                            PIC X(01).
        25  :PFX:-MEDI-CAL-DRUG-MFG
                            PIC X(02).
15  :PFX:-PROCEDURE-INDICATOR PIC X(01).
15  :PFX:-ACCOMMODATION-CODE.
    20  :PFX:-ACCOM-CODE.
        25  :PFX:-ACCOM-1   PIC X(01).
        25  :PFX:-ACCOM-2   PIC X(01).
    20  :PFX:-ACCOM-H       PIC X(01).
15  :PFX:-TOOTH-OR-MODIFIER PIC X(02).
15  :PFX:-UNITS             PIC S9(7)V9(3) COMP-3.
15  :PFX:-PRESCRIPTION-NUMBER.
    20  :PFX:-PRESCRIPTION-FIRST-2
                            PIC X(02).
    20  :PFX:-PRESCRIPTION-LAST-6
                            PIC X(06).
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15  FILLER  REDEFINES
    :PFX:-PRESCRIPTION-NUMBER.
    20  :PFX:-PRESCRIPTION-FIRST-6
                            PIC X(06).
    20  :PFX:-PRESCRIPTION-LAST-2
                            PIC X(02).
15  :PFX:-COPAY-AMOUNT      PIC S9(3)V99    COMP-3.
15  :PFX:-PRICE-RESTRICTION PIC X(01).
15  :PFX:-PRESC-REF-PROV-NUM PIC X(09).
15  :PFX:-EPSDT-REFERR-CDS  PIC X(02).
15  :PFX:-COPAY-IND         PIC X(01).
15  :PFX:-DRUG-MANUFACTURER PIC X(02).
15  :PFX:-FI-TOS            PIC X(01).
15  :PFX:-MEDI-CAL-REIM-AMT PIC S9(7)V9(2)  COMP-3.
15  :PFX:-DET-OTHER-COVERAGE-AMOUNT
                            PIC S9(7)V9(2)  COMP-3.
15  :PFX:-MEDICARE-PAID-AMT-CALC REDEFINES
    :PFX:-DET-OTHER-COVERAGE-AMOUNT
                            PIC S9(7)V9(2)  COMP-3.
15  :PFX:-ORIG-POS-2.
    20  :PFX:-ORIG-POS-1    PIC X(01).
    20  :PFX:-POS-1-FILLER  PIC X(01).
15  :PFX:-SMART-KEY.
    20  :PFX:-SMART-KEY-GTC PIC X(02).
    20  :PFX:-SMART-KEY-STC PIC X(04).
    20  :PFX:-SMART-KEY-HICL PIC X(05).
    20  :PFX:-SMART-KEY-STR PIC X(04).
    20  :PFX:-SMART-KEY-DOSE PIC X(03).
    20  :PFX:-SMART-KEY-RT  PIC X(02).
    20  :PFX:-SMART-KEY-PS  PIC X(03).
    20  :PFX:-SMART-KEY-UDUU PIC X(01).
15  :PFX:-DAYS-SUPPLY       PIC S9(3)   COMP-3.
15  :PFX:-MEDICAL-SUPPLY-IND PIC X(01).
    88  :PFX:-MEDICAL-SUPPLY    VALUE 'Y'.
15  :PFX:-COMPOUND-DRUG-IND PIC X(01).
    88  :PFX:-COMPOUND-DRUG     VALUE 'Y'.
15  :PFX:-TOOTH-SURFACE-1   PIC X(01).
15  :PFX:-TOOTH-SURFACE-2   PIC X(01).
15  :PFX:-TOOTH-SURFACE-3   PIC X(01).
15  :PFX:-TOOTH-SURFACE-4   PIC X(01).
15  :PFX:-TOOTH-SURFACE-5   PIC X(01).
15  FILLER                  PIC X(05).
```

Attachment 2. Example Report Outputs

Attachment 3. Field Level Detail